




# KANSAS DEPARTMENT OF CORRECTIONS

	<b>INTERNAL MANAGEMENT POLICY AND PROCEDURE</b>	<b>SECTION NUMBER</b>  <b>10-122</b>	<b>PAGE NUMBER</b>  <b>1 of 11</b>
		<b>SUBJECT:</b>  <b>PROGRAMS AND SERVICES: Access to and Availability of Health Care Services</b>	
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<b>Reissued By:</b>  <b>Policy &amp; Procedure Coordinator</b>		The substantive content of this IMPP has been reissued as per the appropriate provisions of IMPP 01-101. The only modifications within the reissue of this document concern technical revisions of a non substantive nature.  <b>Date Reissued:</b> <span style="float: right;"><b>01-07-11</b></span>	

## POLICY

### **I. General**

Health care services shall be provided to inmates from admission to the Department through discharge from the incarceration period, including outpatient care, hospitalization, and/or referral to community resources when indicated. Health care services shall be available to all inmates in the following levels of care:

- A. Orientation to Availability of Health Care Services
- B. Receiving Screening and Periodic Health Examinations
- C. Health Education and Inmate Self-Care/Personal Hygiene
- D. Management of Serious and Infectious Diseases
- E. First Aid
- F. Emergency Care Services
- G. Infirmary Care Services
- H. Sick Call and Physician's Clinic
- I. Dental Care Services
- J. Pregnancy Management
- K. Special Needs Services, including Chronic/Convalescent Care / Sheltered Living
- L. Mental Health Services
- M. Diagnostic Health Care Services
- N. Community Resources and Hospitalization
- O. End of Life Program

P. Dialysis

All routine health care services, except as required by K.A.R. 44-8-109 for work release participants, shall be made fully available to all inmates regardless of custody status or other factors.

**II. Information on Health Care Services (ACI 4-4344, NCCHC P-A-01)**

Upon arrival, during the intake and transfer screening process at a KDOC facility, all inmates shall be provided information by facility health care staff, both orally and in writing, on the health care services available at the facility and the specific procedures for obtaining them.) In addition to access to medical care, the information shall include: service fees, per K.A.R. 44-5-115; inmate options to provide consent to or refusal of certain medical procedures, per IMPP 10-127 and the procedures for processing complaints regarding health care, utilizing the established grievance procedures, per K.A.R. 44-15-101 and 44-15-102. All informational material shall be provided in a language and form understandable to the inmate(s), the screenings shall occur within four [4] four hours of an inmate's arrival at a facility, and all such orientations shall be documented by the health care personnel.

**III. Unimpeded Access to Health Care Services (ACI 4-344, NCCHC P-A-01)**

Inmates shall have the opportunity daily to request medical assistance. Every non-emergency health request/referral from any inmate or departmental staff shall be received, reviewed, triaged, and investigated by health care staff within 24 hours of receipt of the request/referral. Within the next 24 hours or 72 hours on weekends, the inmate shall be seen by a health care staff. If an inmate reports to sick call more than two (2) times with the same complaint and has not been seen by a physician/PA/ARNP, an appointment shall be scheduled with one of them. Where indicated, the request/referral, the review and the investigation shall be followed by appropriate triage and treatment. When qualified health care personnel are not available, Non-health trained facility staff shall ensure inmates' timely access to an appropriate level of health care provider.

Health care personnel, in accordance with procedures established by the Departmental Health Authority, shall provide an immediate response to allegations of sexual assaults upon inmates.

Health care staff shall perform a review of an inmate's chart to determine if contra-indications to segregation exist prior to the inmate's placement in segregation. The review shall be documented on the segregation review template. The review shall include medical and mental health issues. The inmate shall be visually observed by health care staff prior to placement into segregation. Any concern that would indicate the inmate was not an appropriate placement for segregation shall be addressed. If the health care professional identifies mental health issues that need to be addressed during the segregation clearance process a mental health referral shall be completed. Mental health staff shall review the mental health record and interview the inmate within 8 hours of segregation placement on weekdays and 72 hours on weekends and holidays.

The medical status of inmates in segregation shall be determined daily by health care personnel. Inmates in segregation shall be evaluated by qualified health personnel, a mental health assessment by a mental health staff member shall be made, at least every week or more frequently if prescribed by the facility medical authority. If confinement continues beyond 7 days, a mental health interview shall be completed and documented. Mental health staff shall participate in the segregation review board and document the participation on the appropriate segregation review forms. All such evaluations and visits shall be documented in the segregation logs and the inmate's medical record.

**IV. Intake Screening and Periodic Health Assessments (ACI 4-4362,4-4365, NCCHC P-E-02, P-E-04)**

Each inmate shall be subject to a medical/mental health intake screening upon admission to the custody of the Kansas Department of Corrections and shall be provided periodic health assessments, in accordance with IMPP 10-117. This screening shall occur within four [4] hours of an inmate's arrival at a facility.

**V. Health Education Promotion and Inmate Self Care/Personal Hygiene (ACI 4-4416, 4-4417, 4-4418, NCCHC P-F-01, P-F-04)**

The Departmental Health Authority shall establish a health education and self-care program. Health care staff shall utilize resources available through outside agencies, when possible, in the promotion of the health education and self care program.

A program of personal hygiene shall be provided to each inmate by health care personnel. Each facility shall ensure that articles necessary for maintaining proper personal hygiene are provided to all inmates, per IMPP 12-127.

**VI. Management of Serious and Infectious Diseases (ACI 4-4354, NCCHC P-B-01)**

An infection control program shall be established by the Departmental Health Authority which monitors the incidence of infectious diseases among inmates, promotes a safe and healthy environment, prevents the incidence and spread of diseases, and assures that inmates infected with such diseases receive prompt care and treatment, per IMPP 10-131.

**VII. First Aid (ACI 4-4390 4-4389)**

Health care staff and designated facility staff shall be trained to respond to health-related emergencies within 4-minutes to administer first aid and cardiopulmonary resuscitation, per IMPP 10-114. First-aid care shall be available to inmates at facility infirmaries or clinics and through access by facility staff to first aid kits located in designated areas of the facility. The facility health authority shall approve the first aid equipment, supplies and the contents, number and location of first aid kits. All first aid kits shall be inspected, the contents inventoried and replenished after each use, or at least monthly.

**VIII. Emergency Care Services (ACI-4-4389, NCCHC P-A-07, P-G-05)**

Emergency health care services shall be provided to inmates in accordance with IMPP 10-114. The Departmental Health Authority shall maintain and provide an updated reference list of emergency facilities available appropriate to each affected facility.

The Departmental Health Authority shall ensure that mental health staff are available 24-hours a day for emergency mental health services, for crisis intervention services and emergency consultation when an inmate reports or demonstrates signs of serious psychological or psychiatric difficulties. Emergency mental health referrals shall be accepted from any staff member or by inmate self-referral.

**IX. Infirmary Care Services (ACI 4-4352, NCCHC P-G-03)**

The Departmental Health Authority shall establish procedures, which guide the provision of nursing and other medical care provided in the infirmary. The infirmary shall be staffed with sufficient and qualified health care personnel on duty twenty-four (24) hours per day and a physician shall be on call 24-hours a day. Documentation of daily infirmary rounds shall be made on all inmates who have been admitted to the infirmary by the Health Care Practitioner's order. The infirmary shall be supervised by a registered nurse 24-hours a day.

Admission to and discharge of inmates from the infirmary shall only be on the order of a physician or another health professional consistent with applicable statutes. A separate, complete health record shall be kept on each inmate provided infirmary care.

**X. Sick Call and Physician's Clinic (ACI 4-4346)**

The Departmental Health Authority shall ensure that routine sick call is conducted five (5) days a week. Emergency sick call shall be available to all inmates at each facility 24 hours a day, 7 days a week, by health care staff. Arrangements shall be made to provide sick call services in the place of an inmate's detention if the inmate's custody status precludes attendance at sick call. A physician, physician's assistant, or advanced registered nurse practitioner shall be on site to see inmates at a minimum of three and one half hours per week per one hundred (100) inmates in accordance with a schedule, consistent with applicable statutes, developed by the Departmental Health Authority. Procedures to access sick call shall be specific to each facility and made available to inmates both orally and in writing during their orientation to the facility health care services.

**XI. Dental Care Services (ACI 4-4360, NCCHC P-E-06)**

Routine and emergency dental care shall be provided to each inmate under the direction and supervision of a dentist with appropriate state licensure, in accordance with provisions of IMPP 10-116.

**XII. Pregnancy Management (ACI 4-4353, NCCHC P-G-07, P-G-10)**

Female inmates shall routinely receive a pregnancy test on admission to the Department, per IMPP 10-117. Inmates remaining incarcerated after pregnancy has been diagnosed shall be provided services, which include: pregnancy counseling, routine prenatal care and, if necessary, high risk-prenatal care; management of the chemically addicted pregnant inmate; and postpartum follow-up.

**XIII. Special Needs Services (ACI 4-4399, NCCHC P-A-08)**

Health care services shall be available to inmates with special needs requiring close medical supervision and/or multi-disciplinary care. Individual treatment plans shall be written by a physician or another qualified health care staff with instructions regarding the inmate's diet, exercise and adaptation to the correctional environment, and medication. The treatment plan shall include directions to health care and other personnel regarding their roles in the care and supervision of the inmate, to include, but not limited to: diagnostic testing type and frequency, and follow-up frequency for medical evaluation and adjustment of treatment modality.

**XIV. Mental Health Services (ACI- 4-4377, 4-4371, NCCHC P-G-04)**

Mental health staff shall be available at each facility to provide services, approved by an appropriate mental health authority designated by the Departmental Health Authority, which include, but are not limited to: mental health screening and referral for evaluation; mental health evaluations and reports; psychotropic medications; individual and group therapy/counseling; referral for chronic and/or acute care; crisis intervention screening; monitoring of the chronically mentally ill; staff training; staff consultation; community service referrals and quality improvement studies.

**XV. Diagnostic Health Care Services (NCCHC P-D-04)**

Diagnostic services required to support the level of care provided to inmates, whether on-site or outside of the facility shall be utilized by health care professionals. The Departmental Health Authority shall utilize, and maintain a listing of a variety of diagnostic services provided by health care professionals and where they are available.

Procedure manuals for all on-site diagnostic services shall be developed and kept current to ensure accuracy in the use and calibration of testing devices. Diagnostic services required to support the level of care provided to inmates, whether on-site or outside of the facility shall be utilized by health care staff. The Departmental Health Authority shall utilize, and maintain a listing of a variety of diagnostic services provided by health care staff and where they are available. Procedure manuals for all on-site diagnostic services shall be developed and kept current to ensure accuracy in the use and calibration of testing devices.

**XVI. Referral to Community Resources and Hospitalization (ACI 4-4347, 4-4348, 4-4349, NCCHC P-E-12, P-E-10)**

The Departmental Health Authority and facility health care staff shall establish working relationships with community health care agencies to assist in meeting offender needs. Inmates requiring specialized medical, dental or mental health services beyond the resources available at the housing facility shall be referred to health care professionals in the community, or facilities which meet State licensure requirements for hospital care, as approved by the Departmental Health Authority, where such care is available. Inmates requiring hospitalization for psychological reasons may be transferred to Larned State Security hospital, in accordance with IMPP 11-109. A list of all approved off-site specialist or facilities shall be created and maintained by the facility health services administrator as approved by the facility warden.

**DEFINITIONS**

Departmental Health Authority: The medical director of the agency or organization responsible for the provision of health care services for the Kansas Department of Corrections.

Emergency care: Treatment of potential life threatening or health endangering incidents or injuries, or acute illness that cannot be deferred until the next scheduled sick call.

Facility health authority: The physician or health administrator responsible for the provision of health care services at a facility. The facility health care authority works under direction of the Departmental Health Authority.

First aid: Care for a condition which requires immediate assistance from a person trained in first aid care and the use of the facility's first aid kits.

Health care: Medical, dental, and mental health care services.

Hospitalization: In-patient treatment for acute care, whether medical or psychiatric, that cannot be effectively given at the facility level when ordered by the facility health authority.

Infirmiry: An area within the facility accommodating two (2) or more inmates for a period of twenty-four (24) hours or more. Specifically set up to provide in-patient bed care for illness or diagnosis which requires limited observation, skilled nursing care and/or management and does not require admission to a licensed hospital.

Infirmiry care: Inpatient care provided to patients with a diagnosis or illness that requires daily medication, therapy, assistance with activities of daily living, or other monitoring and care on a daily basis. The care is provided under the supervision of a registered nurse twenty-four (24) hours a day.

Intractable pain: Pain, which is resistant to care, relief, or control.

Orthotic devices: Specialized mechanical devices used to support or supplement weakened or abnormal joints or limbs, such as braces, foot inserts, or hand splints.

Prosthetic devices: An artificial device to replace missing body parts or compensate for defective bodily functions such as teeth, eyes, or limbs. Aids to impairments include: eyeglasses, hearing aids, crutches, or wheelchairs.

Health care staff: Physicians, dentists, and other professional and technical workers who by state law engage in activities that support, complement, or supplement the functions of physicians and/or dentists,

and who are licensed, registered, or certified as appropriate to their qualifications to practice; further, they practice only within their licenses, certification, or registration.

Self-care: Programs, information and education for the development of good health habits of the individual inmate; care for a condition that can be treated by the inmate, which may include over-the-counter-type medication.

Sick call: Scheduled access to health care personnel for routine or minor physical complaints; a system through which the inmate reports for and receives appropriate medical services for non-emergency illness or injury.

Special needs: A broad range of health conditions that requires close medical supervision and/or multi disciplinary care and an individual treatment plan. Included among special needs patients are: developmentally disabled inmates; mentally ill inmates; inmates requiring chronic/convalescent care; inmates with serious communicable diseases; physically disabled inmates; pregnant inmates; frail/elderly inmates; and/or terminally ill inmates.

Routine Sick Call: A sick call encounter that occurs during posted sick call times, Monday through Friday, five days per week.

Emergent Sick Call: A sick call encounter that occurs after routine posted sick call hours, and on weekends. Emergent Sick Call includes all emergencies and injury assessments.

## **PROCEDURES**

### **I. Provision of Information Regarding Health Care Services**

- A. The Departmental Health Authority shall develop procedures, which ensure that all inmates are informed, within four (4) hours of their arrival at the facility, of the availability of health care services, to include, but not be limited to:
  - 1. Procedures for the provision of orientation information to inmates, both orally and in writing in a form and language they understand, regarding access to health care services.
  - 2. Procedures, which provide for unimpeded access to health care services specific to the facility in which the inmate is housed and for which the orientation is provided.
  - 3. Procedures, which identify the responsibilities of health care staff in the explanation of, and securing of consent to medical treatment forms at the time of admission, in accordance with IMPP 10-127.
  - 4. Procedures which ensure that health care staff explain that the process to register complaints regarding medical services is the KDOC grievance procedure, per K.A.R. 44-15-101 and 44-15-102.
- B. There shall be a sign posted in the intake area instructing inmates how to access care for their immediate health needs.

### **II. Access to Care**

- A. The Departmental Health Authority shall develop procedures, which provide for the unimpeded access of inmates to health care services, to include, but not be limited to:
  - 1. Procedures for the receipt, review, triage, and investigation of inmate requests or staff referrals for medical services.
  - 2. Procedures for the chart review/health status evaluation of inmates by qualified health personnel prior to placement in disciplinary/administrative segregation and daily evaluations during the period of segregation.

3. Procedures for the personal interview of inmates upon arrival in segregation for more than one week, and the preparation of a written report, by mental health staff
    - a. Provisions shall be made for a mental health assessment of by qualified mental health professional at least weekly if the inmate remains in segregation.
  4. Procedures to ensure the response by health care personnel to allegations of sexual assault of inmates.
  5. A training curriculum and the provision of training for KDOC personnel which includes the procedures to be followed in the event health care staff are not available to respond to an inmate's request for health services.
- B. Facility general orders shall be developed which address the actions of facility staff to ensure the unimpeded access to health care services by inmates, to include, but not be limited to:
1. Procedures, which outline the responsibility/actions of KDOC staff in the processing of inmate requests, written and verbal, for medical care, sick call, etc., and referrals to the health care staff
  2. Procedures which require the notification of health care staff of plans to place an inmate in segregation. Such procedures shall facilitate an evaluation of the inmate's health status by health care staff prior to placement and daily during the segregation period.
    - a. Procedures to notify the health authority when an inmate's confinement in segregation extends, for any reason, beyond thirty days.
    - b. Procedures for determining medical risk of inmates in segregation to facilitate more frequent than daily visits by health care staff when necessary.

### **III. Health Education and Self Care**

- A. The Departmental Health Authority shall develop procedures, which provide for the health education and self care training of inmates, to include, but not be limited to:
1. Procedures for the development and distribution of information to inmates for their health education, promotion of self-care concepts and training/demonstrations of techniques to provide self care skills.

### **IV. First Aid**

- A. Training of designated staff for the provision of first aid and first response emergency care shall be in accordance with IMPP 10-114.
- B. The facility health authority shall develop procedures, which address the availability of first aid materials, to include, but not be limited to:
1. The number and location of first aid kits, their contents, and a first aid supplies/equipment inventory system; and,
  2. Procedures for the documented monthly inspection and replenishing of first aid kits, supplies and equipment approved by the health authority, in accordance with an inventory system.

### **V. Infirmary Care**

- A. The Departmental Health Authority shall develop procedures, which provide for infirmary care, to include, but not be limited to:
  - 1. A definition of the scope of medical and nursing care provided in the infirmary at the facility;
  - 2. A schedule for 24-hour supervision by a registered nurse and 24-hour coverage by health care personnel;
  - 3. A requirement that all patients are kept within sight or hearing of a health care staff person;
  - 4. A manual of nursing procedures, available for all nursing staff to utilize in the performance of their duties, which is reviewed and updated annually;
  - 5. Compliance with applicable state statutes and local licensing requirements.
- B. If infirmary care is not available at a facility, the procedures shall specify agreements between the Departmental Health Authority and other facilities or hospitals for the provision of infirmary services.

#### **VI. Emergency Care**

- A. The Departmental Health Authority shall develop procedures, which ensure the provision of emergency care services, in accordance with IMPP 10-114.
- B. Written emergency medical back-up plans, which address the unavailability of health care staff/services, shall be developed and communicated to employees and inmates at independent work release facilities.
- C. Facility general orders shall be developed, in conjunction with the health authority, to address the actions of staff in the provision of emergency health care services, to include, but not be limited to:
  - 1. The coordination of procedures with the facility health authority to provide for:
    - a. Emergency evacuation of inmates from within the facility when required for health care reasons;
    - b. Procedures for access of emergency medical vehicles into the facility; and,
    - c. Security procedures for the immediate transfer and supervision of inmates to off-site emergency health care facilities.
  - 2. Training program and procedures, which provide that security and other personnel, are trained to respond to health-related situations, in accordance with IMPP 10-114.

#### **VII. Sick Call and Physician's Clinic Schedules**

- A. The Departmental Health Authority shall develop procedures, which provide for routine sick call and clinic schedules, to include, but not limited to:
  - 1. Procedures, which provide for routine sick call to be conducted five (5) days a week, and emergency sick call available to all inmates at each facility 24 hours a day, 7 days a week, by qualified health personnel. If an inmate's custody status precludes attendance at sick call, procedures shall provide for services in the segregation or other appropriate housing unit.



2. Procedures for clinics conducted by a physician. The schedule shall provide a physician on site, seeing patients, a minimum of three and a half hours per week for each 100 inmates. Nurse practitioners and physician' assistants may substitute a portion of the physician' time seeing patients.
- B. Facility general orders shall be developed, in conjunction with the facility health authority, which address the staff and inmate actions required to implement the sick call/clinic policy, to include, but not be limited to:
1. General orders which establish facility schedules for sick call and clinic, procedures for requesting access to sick call or clinic visit by inmates, and referrals of inmates to sick call/clinic by staff.

**VIII. Dental Care**

- A. The Departmental Health Authority shall establish procedures to ensure the provision of dental care to inmates, in accordance with provisions of IMPP 10-116.

**IX. Pregnancy Management**

- A. The Departmental Health Authority shall develop procedures, which ensure the provision of care for pregnant inmates, to include, but not be limited to:
1. Procedures for the provision of comprehensive counseling and assistance to pregnant inmates to determine their desire in planning for their unborn children.
  2. Specific procedures for a pregnancy management program that, at a minimum, includes the following:
    - a. Pregnancy testing of female inmates (i.e., on admission to the Department, periodic pregnancy testing, or testing based on indications of pregnancy);
    - b. Routine prenatal care;
    - c. High-risk prenatal care; and,
    - d. Management of the chemically addicted pregnant inmate.
- B. Facility general orders shall require staff to provide comprehensive counseling and assistance in keeping with the inmate's expressed desire in planning for the unborn child, whether the desire is for abortion, adoption service, or to keep the child
- C. Departmental Health Authority procedures shall ensure that health care staff provide inmates advice on proper levels of activity, safety precautions, nutritional guidance and counseling; and postpartum follow up.

**X. Mental Health Services**

- A. The Departmental Health Authority shall develop procedures, approved by an appropriate mental health authority, which ensure the availability of mental health services, to include, but not be limited to:
1. Procedures for mental health services which address:
    - a. The post-intake evaluation of all inmates by mental health staff within fourteen days of admission, to include:
      - (1) Review of mental health screening and appraisal data;
      - (2) Direct observation of behavior;

- (3) Collection and review of additional data from individual diagnostic interviews and tests assessing personality, intellect, and coping abilities;
- (4) Compilation of the individual's mental health history; and,
- (5) Development of an overall treatment/management plan with appropriate referral.
- (6) The inclusion of evaluation reports as part of the inmate's health record;
- (7) The referral of inmates suffering from serious mental illness or developmental disability for care, either within the departmental facilities or to an appropriate facility for treatment; and,
- (8) The development of a written list of referral community sources.

#### **XI. Special Needs**

- A. The Departmental Health Authority shall develop procedures which ensure the provision of health care services for inmates determined to have special needs, to include, but not be limited to:
  1. Procedures which guide the care of inmates with special needs requiring close mental health/medical supervision and/or multi-disciplinary care, to include the development of a written, individual treatment plan developed by a physician or another health care staff member.
  2. Procedures shall be developed which provides for the facility health authority to communicate that portion of the inmate's individual treatment plan, which requires action or attention, by facility staff, including program staff. (ACI 3-4355; NCCHC P-51)

#### **XII. Diagnostic Services**

- A. The Departmental Health Authority shall develop procedures regarding diagnostic services, to include, but not be limited to:
  1. Listings of the types of diagnostic services used by health care staff, availability (on-site or at a referral site), and a current procedures manual for each on-site service to include procedures for the calibration of testing devices to ensure accuracy.

#### **XIII. Community Resources and Hospitalization**

- A. The Departmental Health Authority shall make arrangements and enter into a written agreement with a licensed general hospital for hospital care, surgical services, and emergency services on a 24-hour-a-day basis.
  1. Inmates requiring hospitalization for psychological reasons may be transferred to the Larned State Security Hospital, in accordance with IMPP 11-109.
- B. The Departmental Health Authority shall develop procedures to ensure the appropriate referral of inmates to community resources and use of hospital facilities.
- C. The facility health authority shall provide instructions to the designated transportation/escort staff and health care personnel in the routine (and emergency) medical transfer procedures to ensure that inmates are transported safely and in a timely manner for medical, mental health, and dental appointments both inside and outside the facility.

- D. Facility general orders shall stipulate the process and security precautions to be followed when transferring an inmate from the facility to a hospital.

**NOTE:** The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities who are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to either employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

### **REPORTS REQUIRED**

None.

### **REFERENCES**

K.A.R. 44-5-115, 44-7-114, 44-8-109, 44-14-101(f), 44-15-101, 44-15-102

IMPP 10-114, 10-116, 10-117, 10-127, 10-131, 11-109

ACI 4-4344, 4-4346, 4-4348, 4-4349, 4-4352, 4-4353, 4-4354, 4-4360, 4-4362, 4-4365, 4-4371, 4-4374, 4-4377, 4-4389, 4-4390, 4-4399, 4-4416, 4-4417, 4-4418,

NCCHC P-A-01, P-A-07, P-A-08, P-B-01, P-D-04, P-E-02, P-E-04, P-E-06, P-E-10, P-E-12, P-F-01, P-F-04, P-G-03, P-G-04, P-G-05, P-G-07, P-G-10

### **ATTACHMENTS**

None.